



REINSTATEMENT APPLICATION

**Kentucky Board of Certification of Alcohol and Drug Counselors
P.O. Box 1360
Frankfort, Kentucky 40601**

In accordance with KRS 309.085 (2) The board shall cancel any certificate not renewed within ninety (90) days after the renewal date; however, the board may reinstate the certificate, upon its holder paying the renewal fee and satisfying the other reinstatement requirements as established by the board by administrative regulation within one (1) year of the anniversary date of issue of renewal. 201 KAR 35:040 Section 10 (a) Submit evidence of receiving sixty (60) hours of continuing education within the three (3) year period immediately preceding the date that reinstatement is requested; or (b) Obtain sixty (60) hours of continuing education within six (6) months shall result in termination of certification. Please return this form completed, reinstatement fee of \$300.00 (check or money order made to the Kentucky State Treasurer).

PLEASE COMPLETE THE FOLLOWING:

1. _____
Name

2. _____
Street Address

_____ City State Zip Code

Present Place of Employment (If different from mailing address)

_____ Street Address

_____ City State Zip Code

3. () - () - _____
Home Telephone Business Telephone Email Address

4. - - () - () - _____
Social Security Number Cell Phone Number Fax Number

5. Kentucky Certified Alcohol & Drug Counselor Certification Number: _____

6. Have you been convicted of a felony since your last application or renewal? Misdemeanor (excluding minor traffic violations) within the last 5 years. Yes No.
If yes, give details on a separate sheet of paper.

7. List any state in which you have become licensed or certified since your last renewal, the type Yes No.
of license or certification, and the number of the certification or license.

8. Have you been subject to disciplinary action by a mental health credentialing or licensure board? Yes No.
If yes, give details on a separate sheet of paper. Details shall include, but not be limited to the date charges will be filed, details surrounding the allegations and a copy of the official final actions taken.

AFFIDAVIT

I, the certificate holder, named in the above, do certify under penalty of law that the information contained herein is true, correct, and complete to the best of my knowledge and belief. I am aware that, should investigation at any time disclose any such misrepresentation or falsification, my certification could be subject to disciplinary action by the Board of Certification of Alcohol and Drug Counselors.

I have completed _____ hours of continuing education in the past three years as defined in 201 KAR 35:040. I realize that, at the Board's request, I may be asked to submit information that supports this statement.

Certificate Holder's Signature: _____ Date: _____
(Sign your name – Do not print or type)

